

06/15/01
1032 U.S. PTO

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06-18-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 9623V-021110

First Inventor Standridge, Aaron

Title MULTI-INSTANCE INPUT DEVICE CONTROL

Express Mail Label No. EL 769990771 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning design patent application contents.		ADDRESS TO Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 17] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 3]</p> <p>5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input checked="" type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper number of pages</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
ACCOMPANYING APPLICATIONS PARTS		
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other:</p>		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: 09 / 438,012

Prior application information: Examiner Unassigned Group Art Unit: 2824

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

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Name (Print/Type)	Paul C. Haughey		Registration No. (Attorney/Agent)	31,836
Signature	<i>Paul C. Haughey</i>		Date	6/15/01

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

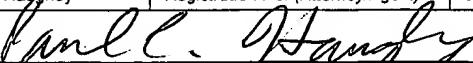
TOTAL AMOUNT OF PAYMENT (\$)

870

Complete if Known	
Application Number	
Filing Date	June 15, 2001
First Named Inventor	Standridge, Aaron
Examiner Name	
Group Art Unit	

Attorney Docket No. 9623V-021110

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																											
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 20-1430</p> <p>Deposit Account Name Townsend and Townsend and Crew LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify)</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	390	216	195	117	890	217	445	118	1,390	218	695	128	1,890	228	945	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,240	241	620	142	1,240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	710	246	355	149	710	249	355	179	710	279	355	169	900	169	900	Other fee (specify)			
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<p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td></tr> <tr><td colspan="3">SUBTOTAL (1)</td><td>(\$710)</td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>19</td> <td>-20**</td> <td></td> <td>0</td> <td>X \$18</td> <td>\$0</td> </tr> <tr> <td>5</td> <td>-3**</td> <td></td> <td>2</td> <td>X \$80</td> <td>\$160</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (2)</td><td>(\$160)</td><td></td><td></td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	710	201	355	106	320	206	160	107	490	207	245	108	710	208	355	114	150	214	75	SUBTOTAL (1)			(\$710)	Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid	19	-20**		0	X \$18	\$0	5	-3**		2	X \$80	\$160					X		SUBTOTAL (2)			(\$160)																																																																
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<p><small>**or number previously paid, if greater; For Reissues, see above</small></p>				<p>The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</p> <p>*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)</p>																																																																																																																											

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Paul C. Haughey	Registration No. (Attorney/Agent)	31,836	Telephone	650-326-2400		
Signature				Date	6/15/01		

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